



WATER WELL REPORT FOR AN EXISTING WELL

RECEIVED

JUL 30 2012

INSTRUCTIONS:

Use this form if an original water well report was **NEVER** filed or is **MISSING** from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>APR 773</u>																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>265</u> ft. if known.		Water Right? If yes, attach copy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>G127634</u>																	
CONSTRUCTION DETAILS Liner installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Property Owner Name <u>West Ridge Community Assoc</u> Well Street Address <u>Sparrow Drive and Westridge Drive</u> City <u>Oak Harbor</u> County: <u>Island</u>																	
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.		Tax Parcel No. <u>S8390-00-00000-0</u>																	
Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Mfr's name _____ Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. _____ Slot Size _____ from _____ ft. to _____ ft.		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>30</u> Twn <u>32N</u> R <u>1</u> EWM Circle one WWM																	
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Materials paced from _____ ft. to _____ ft.		<table border="1" style="width: 100%; text-align: center;"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A																
E	F	G	H																
M	L	K	J																
N	P	Q	R																
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If know, to what depth _____ ft. Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>16.92487</u> Long Deg <u>122</u> Long Min/Sec <u>40.57378</u>																	
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name _____ Type: <u>submersible</u> H.P. _____		<input checked="" type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
WATER LEVELS: Land-surface elevation above mean sea level <u>199.5</u> ft. Static Level <u>171</u> ft. below top of casing Date measured <u>18 July 2002</u> Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <u>19 July 2012</u> Yield: <u>34</u> gal./min. with <u>NA</u> ft. drawdown after <u>1 minute</u> hrs.																			

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other
 Name Jim Sherman
 Signature Jim Sherman
 Driller License No. _____
 Date Signed 26 July 2012

Drilling Company

Island County Health Dept.

Address of person completing this form:

PO Box 5000
 City, State, Zip Coupeville, WA 98239